

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/01 9528**  
APPLICANT(S)  
*Anderson*

FILING DATE  
**25 FEB 2002**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
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10			/				60						
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12				/			62						
13			/				63						
14				/			64						
15				/			65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			12				TOTAL DEP.						
TOTAL CLAIMS			15				TOTAL CLAIMS						